S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25754

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 230

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
6
4

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1007 W 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1007 W10
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Albert Witham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Veneta Witham

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 6 1856 (Month) (Day) (Year)

8. AGE: Years 87, Months 0, Days 13. If less than one day hr. min.

9. Birthplace St. Clair Co. Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name Grafton Witham
13. Birthplace Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betsie Thorp.
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Veneta Witham
(b) Address Sedalia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 21 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 7/20/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 3 minute 20 A M.

21. I hereby certify that I ~~attended the deceased~~ viewed body of the from July 19, 1943 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Died very suddenly Evidently from some Organic Heart disease	
Due to Senility	
Due to	

Other conditions 92 8
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. J. Bishop Coroner (M. D. or other)
Address Sedalia Mo Date signed 7-20-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-6-43
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ...., Registered Apprentice No.................................., working under my personal supervision.

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.